

# Psychological Assessment Form: Anxiety Disorders

This **psychological assessment form** for anxiety disorders is designed to systematically evaluate symptoms, severity, and impact on daily functioning. It helps clinicians gather essential information for accurate diagnosis and tailored treatment planning. The form supports comprehensive understanding of the patient's emotional and behavioral health.

## Patient Information

Full Name:

Date of Birth:  YYYY-MM-DD

Assessment Date:  YYYY-MM-DD

Clinician Name:

## Symptom Checklist

Please indicate how often you have experienced the following symptoms in the past two weeks:

Symptom	Never	Sometimes	Often	Always
Excessive worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restlessness or feeling on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disturbances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Severity Assessment

On a scale of 0-10, how severe is your anxiety?

## Functional Impact

How has your anxiety affected your daily life (work/school, relationships, self-care)?

## Additional Information

History of Anxiety/Other Mental Health Conditions:

Current Medications:

**Support Systems (family, friends, therapy, etc.):**

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